



**George H. Ryan, Governor**  
**Ann Patla, Director**

## **Illinois Department of Public Aid**

201 South Grand Avenue East  
Springfield, Illinois 62763-0001

**Telephone:** (217) 782-1200

5/19/00

### **INFORMATIONAL NOTICE**

**To:** All Medical Assistance Program Physicians  
All Medical Assistance Program Hospitals: Chief Executive Officers, Chief Financial Officers and Patient Accounts Managers and All Medical Assistance Program Imaging Centers and All Medical Assistance Program Imaging Centers

**Re:** IMAGING CENTERS

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Effective immediately, freestanding imaging centers are allowed to enroll with the Department. Reimbursement shall only be made to providers who meet all applicable license, enrollment and reimbursement requirements of the Department. An imaging center's enrollment may be backdated to July 1, 1999.

An imaging center is defined as any distinct entity that operates primarily for the purpose of providing radiation therapy and/or diagnostic imaging services. Services provided at an imaging center shall be reimbursed on a fee-for-service basis.

A physician who provides x-ray examinations in the physician's own office is not required to enroll as an imaging center. However, the physician billing will be affected by this change.

Imaging centers shall **not** include hospital-based outpatient departments which are adjacent to or on the premises of a hospital. Hospital-based outpatient radiation therapy and diagnostic imaging services are **not** affected by these changes.

Reimbursement will be made to an enrolled imaging center for the technical component/services, the professional component/services or the complete procedure (technical and professional components). A physician may bill for the professional component if the imaging center bills for the technical only. The technical component includes services that are furnished in connection with imaging services such as the use of the equipment. The professional component includes services that are furnished by a medical professional in reading the image provided by an imaging center. When a claim is submitted for only the technical component or only the professional component of a procedure, reimbursement will be at 50% of the State's maximum rate for the complete procedure. When a claim is submitted for both the technical and the professional components, reimbursement will be made at 100% of the State's maximum rate for the procedure. The Department will reimburse imaging centers for magnetic resonance imaging (MRI) services,

mammograms, fluoroscopy services, ultrasounds, CT scans, nuclear medicine, and X-rays on a fee-for-service basis. Services must be provided in accordance with the policies established in the Department's administrative rules and as defined in the Handbook for Physicians and Chapter 100, General Policy.

Reimbursement shall only be made for imaging services that have been ordered by the referring practitioner as being essential to diagnosis and treatment. The practitioner must include the diagnosis or condition on the written request.

Beginning with dates of service on or after July 1, 2000 payment for more than one complete MRI procedure per day is allowable, when the additional MRI procedure is for a different area of the body.

### ENROLLMENT PROCEDURE

To participate in the Illinois Medical Assistance program, an imaging center must, in addition to any other Department requirements, be licensed or certified for participation in the Medicare program, by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) or by a local or public health department or any government agency having jurisdiction over the services provided and/or the equipment being used. A copy of this certification must be attached and submitted with the provider's application for participation.

To request an enrollment application, contact:

Illinois Department of Public Aid  
Provider Participation Unit  
P. O. Box 19114  
Springfield, IL 62794-9114  
(217) 782-0538  
Fax (217) 557-8800  
E-Mail Address [aid9661@mail.idpa.state.il.us](mailto:aid9661@mail.idpa.state.il.us)

### BILLING PROCEDURES

For dates of service prior to July 1, 1999, services provided by an imaging center must be billed on the DPA 2360 Health Insurance Claim Form using the physician's name and provider number. For dates of service July 1, 1999 and after, an enrolled imaging center can submit claims for imaging services on the DPA 2360 Health Insurance Claim Form using the provider name and number for the imaging center and the appropriate CPT code.

Effective for service dates of July 1, 2000 and after, the Department generated code Y2926 will be obsolete and may not be used to bill for the professional component for MRI procedures. Physicians are to use the specific CPT code for the services rendered.

When seeking reimbursement for imaging services, box 24B on the DPA 2360 claim form will be used to indicate to the Department which component of the imaging service was provided. In this instance only, box 24B is comparable to Medicare's modifiers for reporting technical, professional or both the technical and professional components of the service.

**Imaging Centers** - bill using code 2 or E in Box 24B when billing paper claims or 22 or 23 in the National Standard Format when submitting an electronic claim for the technical or the professional component only. Use 3 in Box 24B when billing paper or 11 in the National Standard Format when submitting an electronic claim for the complete procedure.

**Physicians** - bill using code 1, 2 or E in Box 24B when billing paper claims or 21, 22 or 23 in the National Standard Format when submitting an electronic claim for the professional component when the imaging center bills for the technical component only. Use 3 in Box 24B when billing paper or 11 in the National Standard Format when submitting an electronic claim for the complete procedure.

Questions regarding this notice may be directed to the Bureau of Comprehensive Health Services at (217) 782-5565.

Matt Powers, Administrator  
Division of Medical Programs

